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DECLARATION FOR UTILITY OR  DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number		00149	001497003001	
		First Named Inventor		Di Costanzo Carmin		
		COMPLETE IF KNOWN				
		Application Number			,	
Designation		Filing Date				
L Declaration L Submitted OR	Declaration Submitted after Initial Filing (surcharge	Art Unit				
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name				
As the below named inventor, I here	eby declare that:					
My residence, mailing address, and ci	tizenship are as stated belov	v next to my name.	:			
I believe I am the original and first inve	entor of the subject matter wl	hich is claimed and for whi	ich a pa	tent is soug	tht on the invention entitled:	
PREFABRICATED MOSA	IC MODULES.			_		
	(Title of the In-	vention)			_	
the specification of which						
is attached hereto						
OR [						
was filed on (MM/DD/YYYY)		as United States A	pplicatio	n Number	or PCT International	
· <u>L</u>						
Application Number and was amended on (MM/DD/YYYY)				(if applicable).		
		<u> </u>				
I hereby state that I have reviewed and any amendment specifically referred to		the above identified specif	fication,	including t	ne claims, as amended by	
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)		iority Claimed	Certified Copy Attached? YES NO	
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Additional foreign application nur	mbers are listed on a suppler	mental priority data sheet F	PTO/SB	/02B attach	ned hereto:	

[Page 1 of 2]

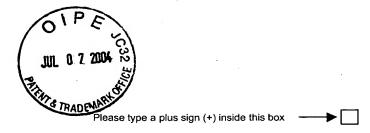
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PTO/SB/01 (10-01)
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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:  Customer Number or Bar Code Label  OR X Correspondence address below						
Mark D. Wieczorek, Reg. No. 37,966						
c/o Mayer Fort	kort	& W		251 Nort Aven	ue West	
City Westfield			State	NJ	ZIP 07090	
Country USA	Tele	phone (562	) 244	-5671	Fax (443) 238-2678	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR	NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor					
Given Name Carmine (first and middle [if any])			Family Name Di Costanzo or Surname			
Inventor's Signature Date					Date	
Residence: City		State		Country taly	Italian Citizenship	
via Valesana, 28 Mailing Address						
City Siano Sta		State	IT-84088 ZIP		Italy Country	
NAME OF SECOND INVENTOR:		A petition ha	s been	filed for this unsigne	d inventor	
Given Name (first and middle [if any])			Family or Sur			
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Mailing Address						
City		State		ZIP	Country	
Additional inventors are being named on the	Sur	onlemental Addition	onal Inve	entor(s) sheet(s) PTO/SB/	02A attached hereto	



PTO/SB/81 (02-01)
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## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number		
Filing Date		
First Named Inventor	Di COSTANZO	
Title	Prefabricated mosaic	
Group Art Unit		
Examiner Name		
Attorney Docket Number	00149/003001	

Practitioners at Customer Number  OR  Practitioner(s) named below:  Name  Mark D. Wieczorek  Please Customer Number  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  Practitioners at Customer Number  OR  Applicant/Inventor.  Pleac Customer Number  Number Bar Code  Label here  Place Customer Number  OR  Place Customer Number.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number.  OR  Practitioners at Customer Number.  OR  Practitioners at Customer Number.  OR  Prace Customer Number Bar Code  Label here  Place Customer Number Bar Code  Label here  Place Customer Number Bar Code  Label here  OR  Practitioners at Customer Number.  OR  Prace Customer Number Bar Code  Label here  Proce Customer Number Bar Code  Label here  OR  Prace Customer Number Bar Code  Label here  Proce Customer Number Bar Code  Label here  OR  Prace Customer Number Bar Code  Label here  Proce Customer Number Bar Code  Label here  OR  Prace Customer Number Bar Code  Label here  Proce Customer Number Bar Code  Label here  OR  Prace Customer Number Bar Code  Label here  OR  Proce Customer Number  Number Bar Code  Label here  OR  Proce Customer Number  Number Bar Code  Label here  OR  Proce Customer Number  Number Bar Code  Label here  OR  Proce Customer Number  Number Bar Code  Label here  Number Bar	I hereby appoint:				1		
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Practitioners at Customer Number  OR  Prim or Individual Name  Mark D Wieczorek, Ph.D;, Esq.  Address  C/o Mayer Fortkort  Address  City Westfield State NJ Zip 07090  Country USA  Telephone (562) 244–5671 Fax (443) 238–2678  . I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Carmine Di Costanzo  Signature		ned Customer Number.					
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Address c/o Mayer Fortkort  Address City Westfield State NJ Zip 07090  Country USA  Telephone (562) 244–5671 Fax (443) 238–2678  . '  am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Carmine Di Jostanzo  Signature	— <u> </u>	stomer Number					
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Signature Cull Mul	H <sub>A</sub>	/	nee or record				
	Name /	Carmine Di Jostanzo					
Date 25 march, 2004	Signature Cullburgh						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
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